



**CHURCHVILLE RECREATION COUNCIL
TENNIS PROGRAM – SUMMER 2006
REGISTRATION – 8 WEEK OUTDOOR SESSION**



MUNCHKINS: 3 to 5 yr. olds; BEGINNERS: 6 to 13 yr. olds; INTERMEDIATES: 6 to 13 yr. olds; ADULTS: 18+ -- COST: \$80/1 day per week - \$160/2 days per week

MondaysIntermediates6:00 p.m. – 7:00 p.m.

TuesdaysBeginners6:00 p.m. – 7:00 p.m.
.....Munchkins.....7:00 p.m. – 7:45 p.m.

WednesdaysIntermediates6:00 p.m. – 7:00 p.m.
.....Cardio-Adults.....7:00 p.m. – 8:00 p.m.

ThursdaysBeginners6:00 p.m. – 7:00 p.m.
.....Munchkins.....7:00 p.m. – 7:45 p.m.

Fridays.....Adult Intermediates.....9:00 a.m. – 10:30 a.m.

**THIS IS AN OUTDOOR PROGRAM ONLY; THEREFORE, NO CLASSES WILL
BE CONDUCTED ON INCLEMENT WEATHER DAYS
BE SURE TO CHECK THE WEBSITE FOR WEATHER CHANGES!!**

**CLASSES WILL RUN JUNE 26th – AUGUST 18th, 2006
REGISTRATIONS MUST BE RECEIVED NO LATER THAN JUNE 12th, 2006**

Tennis Program Registration Form

Name: _____ Phone: _____ Age: _____

Address: _____ City: _____ Zip: _____

In case of emergency call: Name: _____ Phone: _____

Any medical problems ?

If so, please explain: _____

Program: Adult Beginners Intermediate ☐ Munchkin ☐

I agree that I will not hold the instructor, the Churchville Recreation Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems.

Parent Signature: _____ Date: _____

MAIL FORM TO: Tennis Program, P.O. Box 515, Churchville, MD 21028
www.freewebs.com/churchvilletennis